Mumps Surveillance Worksheet

APPENDIX F

NAME (Last, First)			Hospital Record No.
Address (Street and No.)	City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab	Address		Phone

DETACH HERE and transmit only lower portion if sent to CDC

Mumps Surveillance Worksheet

County	State	Zip

Birth Date (Month Day Year)

Age (Unk = 999)

Age Type
0 = 0-120 years
1 = 0-11 months
2 = 0-52 weeks
3 = 0-28 days
9 = Age unknown

Race
N = Native Amer./Alaskan Native
A = Asian/Pacific Islander
B = African American
W = White
O = Other
U = Unknown

Ethnicity
H = Hispanic
N = Not Hispanic
U = Unknown

Sex
M = Male
F = Female
U = Unknown

Event Date (Month Day Year)

Event Type
1 = Onset Date
2 = Diagnosis Date
3 = Lab Test Done
4 = Reported to County
5 = Reported to State or MMWR Report Date
9 = Unknown

Outbreak Associated (Unk = 999)

Reported (Month Day Year)

Imported
1 = Indigenous
2 = International
3 = Out of State
9 = Unknown

Report Status
1 = Confirmed
2 = Probable
3 = Suspect
9 = Unknown

CLINICAL DATA

Parotitis?
Y = Yes
N = No
U = Unknown

Notes:

COMPLICATIONS

Meningitis?
Y = Yes
N = No
U = Unknown

Deafness?
Y = Yes
N = No
U = Unknown

Orchitis?
Y = Yes
N = No
U = Unknown

Encephalitis?
Y = Yes
N = No
U = Unknown

Death?
Y = Yes
N = No
U = Unknown

Other Complications?
Y = Yes
N = No
U = Unknown

If Yes, Please Specify:

Hospitalized?
Y = Yes
N = No
U = Unknown

Days Hospitalized
0 - 998
999 - Unknown

LABORATORY

Was Laboratory Testing For Mumps Done?
Y = Yes
N = No
U = Unknown

Date IGM Specimen Taken (Month Day Year)

Result
P = Positive
N = Negative
I = Indeterminate
E = Pending
X = Not Done
U = Unknown

Date IGG Acute Specimen Taken (Month Day Year)

Date IGG Convalescent Specimen Taken (Month Day Year)

Result
P = Significant Rise in IGG
N = No Significant Rise in IGG
I = Indeterminate
E = Pending
X = Not Done
U = Unknown

Other Lab Result
P = Positive
N = Negative
I = Indeterminate
E = Pending
X = Not Done
U = Unknown

Specify Other Lab Method:

VACCINE HISTORY

Vaccinated? (Received mumps-containing vaccine?)
Y = Yes
N = No
U = Unknown

Vaccination Date (Month Day Year)	Vaccine Type	Vaccine Manuf.	Lot Number

Vaccine Type Codes
A = MMR
B = Mumps
O = Other
U = Unknown

Vaccine Manuf. Codes
M = Merck
O = Other
U = Unknown

Number of doses received ON or AFTER 1st birthday

If Not Vaccinated, What Was The Reason?
1 = Religious Exemption
2 = Medical Contraindication
3 = Philosophical Objection
4 = Lab. Evidence of Previous Disease
5 = MD Diagnosis of Previous Disease
6 = Under Age For Vaccination
7 = Parental Refusal
8 = Other
9 = Unknown

EPIDEMIOLOGIC INFORMATION

Date First Reported to a Health Department (Month Day Year)

Date Case Investigation Started (Month Day Year)

Transmission Setting (Where did this case acquire mumps?)
1 = Day Care
2 = School
3 = Doctor's Office
4 = Hospital Ward
5 = Hospital ER
6 = Hospital Outpatient Clinic
7 = Home
8 = Work
9 = Unknown
10 = College
11 = Military
12 = Correctional Facility
13 = Church
14 = International Travel
15 = Other

Outbreak Related?
Y = Yes
N = No
U = Unknown

If Yes, Outbreak Name

Source of Exposure For Current Case (Enter State ID if source was an in-state case; enter Country if source was out of US; enter State if source was out-of-state)

Were Age and Setting Verified? (Is age appropriate for setting, i.e. aged 49 years and in day care, etc.)
Y = Yes
N = No
U = Unknown

If Transmission Setting Not Among Those Listed And Known, What Was The Transmission Setting?

Epi-Linked to Another Confirmed or Probable Case?
Y = Yes
N = No
U = Unknown

Note: This form has 2 sides

Indicates epidemiologically important items not yet on NETSS screen

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Notes/Other Information:

Clinical Case Definition*:
An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting ≥ 2 days, and without other apparent cause.

Case Classification*:

Probable: A case that meets the clinical case definition, has noncontributory orno serologic or virologic testing, and is not epidemiologically linked to a confirmed or probable case.

Confirmed: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed or probable case. A laboratory-confirmed case does not need to meet the clinical case definition.

*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46(No.RR-10):39.